enterprises. However, 177 out of 222 public sector enterprises earned an estimated profit of Rs. 2175.73 crores in 9 months period ending 31st December, 1989.

(c) The steps taken by Government to increase the profitability of public sector enterprises are listed at page 90 of the Public Enterprises Survey 1988-89 (Volume-I) placed on the Table of the House on 15-3-1990.

Prices of Dexona range formulations

1583. SHRI P. N. SUKUL: Will the Minister of PETROLEUM AND CHEMICALS be pleased to refer to the answer to Unstarred question 2443 given in the Rajya Sabha on 7th August, 1989 and state:

(a) what were the prices of Dexona range of formulations at the commencement of Drugs Prices Control Order 1979;

(b) when was the price of these formulations fixed for the first time under DPCO, 1979;

(c) whether it is a fact that the company never implemented these prices;

(d) what was the price charged by the company for the formulations and what is the amount due from them;

(e) what was the price charged of the bulk drug in their formulations and what is the notified price and what was the mark up enjoyed by the company; and

(f) whether it is a fact that the company is importing the bulk drug, if so, since when and what was the landed cost of import when the formulation prices were fixed?

THE MINISTER OF PETROLEUM AND CHEMICALS (SHRI M. S. GURUPADASWAMY): (a) to (f) The information, to the extent available, is being collected and will be laid on the Table of the House.

Ayurvedic college in Rohru

1584. SHRI MAULANA ASAD MADNI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have any proposal to set up an Ayurvedic College in Rohru under Shimla District during the Eighth Plan period; and

(b) if so, what are the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI NILAMANI ROUTRAY): (a) and (b) The Central Government have no proposal to set up an Ayurvedic College in Rohru during the Eighth Plan.

Effects of laser treatment

1585. SHRI HARVENDRA SINGH HANSPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention have been drawn to the news item which appeared in the *'Indian Express'* of the 11th March, 1990 captioned 'Leaser treatment may cause visual loss'; and

(b) if so, what steps Government have taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI NILAMANI ROUTRAY): (a) and (b) Government is aware of the news item captioned 'Laser Treatment may cause visual loss' in the *'Indian Express'* of 11th March, 1990. However, Laser treatment does not cause visual loss if used properly. Therefore no steps need to be taken in this regard.

Combating Blindness in rural areas

1586. SHRI HARVENDRA SINGH HANSPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that blindness is a major problem in rural areas of the country;

(b) whether the Central Government have taken or propose to take any steps to provide specialised eye care services particularly in the rural areas; and

(c) if so, what are the details thereof including the Central assistance proposed to be given to State Governments to check the disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI NILMANI ROUTRAY): (a) Yes, Sir.

(b) and (c) Under the National Programme for Control of Blindness, Ophthalmic Care Services are being rendered for rural and remote areas through PHCs., Central Mobile Units and the District Mobile Units. In areas where the adequate infrastructure has not been developed, we are soliciting the support from voluntary organizations.

More specialised services to the rural population are made available through the up-graded departments of Ophthalmology at District Hospitals, Medical Colleges as well as at the Regional Institutes of Ophthalmology. In 1990-91 Central assistance to the tune of Rs. 594.15 lakhs will be given to all States and UTs (details in the Statement)

Statement

1990-91

National Programme for control of Blindness

Sl. No.	A— State	Rs. in lakhs
1	2	3
1.	Andhra Pradesh	56·32
2.	Arunachal Pradesh	0·35
3.	Assam	17·31
4.	Bihar	51.38
5.	Goa	7·49
6.	Gujarat	28·24
7.	Haryana	10·12
8.	Himachal Pradesh	10·99
9.	Jammu & Kashmir	11·00
10.	Karnataka	42·46
11.	Kerala	13·42
12.	Madhya Pradesh	44·54
13.	Maharashtra	43·39
14.	Manipur	12·21
15.	Meghalaya	3·05
16.	Mizoram	3·23
17.	Nagaland	6·84

1	2	3
18.	Orissa	20·51
19.	Punjab	13·46
20.	Rajasthan	18·03
21.	Sikkim	2·98
22.	Tamil Nadu	45·95
23.	Tripura	7·22
24.	Uttar Pradesh.	66·62
25.	West Bengal	35·91
	TOTAL (A)	573·02
	B—*UTs with Legislature*	7·38
	C—*UTs without Legislatures*	
1.	Andaman & Nicobar Islands	0·17
2.	Chandigarh	1·02
3.	Dadra & Nagar Haveli	0·59
4.	Daman & Diu	2·97
5.	Delhi	8·83
6.	Lakshadweep	0·17
	TOTAL (C)	13·57
	TOTAL A+B+C	594·15

Availability of cement in rural areas

1587. SHRI HARVENDRA SINGH HANSPAL: Will the Minister of INDUSTRY be pleased to state:

(a) whether Government have called upon the cement industry to improve its productivity and ensure availability of cement in the rural areas of the country;

(b) if so, whether there is any proposal to set up cement industries/plants in rural areas of the country; and

(c) if so, what are the details thereof and what steps Government propose to take to make availability of cement in the rural areas?

THE MINISTER OF INDUSTRY (SHRI AJIT SINGH): (a) to (c) In the recent meeting of the Development Council for Cement Industry, the Cement Industry has been asked to improve its productivity. The industry has also been asked to adopt innovative marketing policies to generate increasing demand for cement in rural areas. Cement is, however, freely available throughout the country at a price determined by the operation of market forces.

Most of the cement plants either existing or under implementation, are located in rural areas, where adequate limestone deposits of suitable grade have been established. As a policy, cement plants in the organised sector are encouraged where limestone reserves are available.